

This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A
- Strategy J
- Strategy K
- Strategy M
- Strategy N
- Strategy O

Staff Highlight:

OA is pleased to welcome **Brett AugsJoots** to his new position. As many of you may know, Brett worked as a Health Educator 3 for the past five years in the Sexually Transmitted Disease Control Branch (STDCB). During those years, Brett was responsible for providing training and technical assistance to Disease Intervention Specialist (DIS), case managers, and service providers working with people with STDs and/or HIV.

Brett will now serve as the Disease Outbreak Intervention and Field Investigation Unit Chief in the HIV Prevention Branch, where he will be providing management and supervision over a team that will be responsible for using surveillance data to identify HIV/STD prevention priority areas and developing tools and reports to guide HIV planning and intervention. Part of his new role is to build capacity and provide tools for providers who work with vulnerable populations.

Prior to his role in STDCB, Brett worked as an evaluator at API Wellness (now San Francisco Community Health) where he worked with two programs – one serving people living with HIV who are multiply diagnosed with substances abuse or mental health disorders and experiencing homelessness and the other with transgender women of color living with HIV. While working with API, Brett was responsible for interviewing clients and enrolling them in studies.



Brett has a Master of Public Health degree in Maternal and Child Health and a Bachelor of Arts Degree in Planned Studies: The Politics of Sexuality.

In his spare time Brett likes to cook, garden, spend time with his family, and practice martial arts. He has two children Oliver (4) and Azalea (1). He currently spends most of his free time chasing Ollie in circles around the driveway. One fun fact about Brett is that he is a 4th degree black belt in Indonesian martial arts.

Brett joined OA on June 1, however he is currently redirected for COVID-19 response so he will begin working in his new role once his reassignment concludes.

Welcome Brett!! We are excited to have you join the OA team.

General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

HIV/STD/HCV Integration Update:

As the lead state department in the COVID-19 response, the California Department of Public Health (CDPH) has re-directed hundreds of staff to this effort. Because of this, there is a temporary pause on the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention until the Department gets back to normal. We have made tremendous progress in the past few months, establishing numerous action teams to define a future integrated organization. We do not want to lose this momentum, and we will not. We have the commitment of our contractor, who greatly understands the Department's predicament, to continue right where we are pausing, as soon as the COVID-19 related workload on our staff lets up.

Ending the Epidemics:

OA has been awarded funding from CDC-RFA-PS20-2010, which is funding the Prevention Activities within the federal Ending the HIV Epidemic in America initiative. This funding will be distributed to the six Phase I designated counties assigned to CDPH OA: Alameda, Orange, Riverside, Sacramento, San Bernardino, and San Diego. Los Angeles and San Francisco also received PS20-2010 funding directly. The activities to be implemented were developed under the one-year CDC-RFA-PS19-1906 Accelerated Planning Grant from which an

Ending the HIV Epidemic in America plan was developed by the six Phase I counties with the assistance of OA and Facente Consulting. The Ryan White Planning Councils in each county reviewed and gave concurrence to the plan. PS20-2010 is a five year grant, and the plan is a living document that will be adjusted throughout the implementation to insure activities are reaching the prioritized populations effectively.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

PrEP Assistance Program (PrEP-AP):

As of June 29, 2020, there are 206 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the tables at the top of page three.

California PrEP Assistance Program and In-Home HIV testing:

As we all continue to respond to the COVID-19 pandemic, it has been challenging to provide HIV and sexually transmitted disease (STD) testing and prevention. Many programs and providers are working to expand telehealth and in-home testing options including the provision of home-use oral HIV tests for people on PrEP who cannot easily access in-person testing. To support this option and to help ensure the safety of people during the COVID-19 pandemic, California's PrEP Assistance Program (PrEP-AP) will temporarily cover the cost of an in-home HIV test for enrolled clients as a pharmacy benefit with no out-of-pocket charge. Further considerations are outlined in the attached documents and [additional information](https://cdphprep-ap.magellanrx.com/provider/external/commercial/caprep/doc/en-us/CDPH_PrEP-AP_provider_notice_20200702.pdf) is located here: https://cdphprep-ap.magellanrx.com/provider/external/commercial/caprep/doc/en-us/CDPH_PrEP-AP_provider_notice_20200702.pdf.

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	168	4%	---	---	---	---	165	4%	333	8%
25 - 34	1,195	28%	3	0%	1	0%	925	22%	2,124	50%
35 - 44	669	16%	---	---	4	0%	386	9%	1,058	25%
45 - 64	298	7%	---	---	25	1%	247	6%	570	13%
65+	7	0%	---	---	123	3%	13	0%	143	3%
TOTAL	2,337	55%	3	0%	153	4%	1,736	41%	4,228	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	136	3%	93	2%	31	1%	40	1%	---	---	4	0%	9	0%	20	0%	333	8%
25 - 34	950	23%	651	15%	161	4%	223	5%	1	0%	6	0%	37	1%	93	2%	2,122	50%
35 - 44	506	12%	346	8%	74	2%	76	2%	3	0%	3	0%	9	0%	39	1%	1,056	25%
45 - 64	228	5%	247	6%	40	1%	39	1%	2	0%	1	0%	3	0%	8	0%	568	13%
65+	14	0%	118	3%	4	0%	4	0%	1	0%	---	---	1	0%	---	---	142	3%
TOTAL	1,834	43%	1,455	34%	310	7%	382	9%	7	0%	14	0%	59	1%	160	4%	4,221	100%

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 07/31/2020 at 12:15:55 AM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

ADAP's Insurance Assistance Programs:

As of July 28, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart on the top of page four.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

Harm Reduction Unit Update:

OA is excited to announce \$12.2 million in awards to 37 of California's 58 syringe service programs (SSPs), through the [California Harm Reduction Initiative \(CHRI\)](https://harmreduction.org/california-harm-reduction-initiative-chri/) (<https://harmreduction.org/california-harm-reduction-initiative-chri/>). CHRI represents the largest state investment in harm reduction programs in ten years and is a collaboration between OA's Harm Reduction Unit and the [National Harm Reduction Coalition \(HRC\)](https://harmreduction.org/) (<https://harmreduction.org/>). The three-year initiative aims to strengthen California's SSPs and deepen linkage and engagement with other social service programs for people who use drugs through grant-making and technical assistance.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from June
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	679	-1.88%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,125	-1.78%
Medicare Part D Premium Payment (MDPP) Program	1,966	+0.10%
Total	8,770	-1.37%

Funded projects will center around the voices of people who use drugs through increased participant involvement with program development and service delivery and paid program positions, and will establish strategies and action to address racial and health inequities affecting people of color who use drugs. OA is proud to add CHRI to our prevention strategies and increase California’s harm reduction efforts to address the continued racial and social discrimination that California residents who use drugs experience. [Contact Loris A. Mattox](mailto:loris.mattox@cdph.ca.gov) at loris.mattox@cdph.ca.gov for additional information.

The American Medical Association released a report on the [alarming increases in opiate and other drug overdose in 2020](https://www.ama-assn.org/system/files/2020-07/opioid-task-force-progress-report.pdf) (https://www.ama-assn.org/system/files/2020-07/opioid-task-force-progress-report.pdf). The AMA’s highlights include:

The epidemic has grown more deadly.

The nation is unequivocally facing a much deadlier and more potent drug overdose and death epidemic fueled by illicit fentanyl, methamphetamine, cocaine and heroin than one driven by prescription opioids...

The increasingly complicated and more deadly nature of the epidemic requires meaningful action to remove barriers to evidence-based treatment for substance use disorders, pain and harm reduction. It also

requires [meaningful action to enforce mental health and substance use disorder parity and remove arbitrary restrictions](https://searchf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf) (https://searchf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf) on access to prescription opioids as well as additional surveillance efforts to accurately track overdose and mortality trends to provide equitable public health interventions.

People living with HIV may be at elevated risk for opiate overdose. A [2019 study](https://www.croiconference.org/abstract/opioid-overdose-deaths-among-persons-hiv-infection-united-states-2011-2015/) found that although the death among people living with HIV between 2011 and 2015 decreased by 12 percent in the United States, deaths attributed to opioid overdose in this population rose by more than 42% during the same time period (https://www.croiconference.org/abstract/opioid-overdose-deaths-among-persons-hiv-infection-united-states-2011-2015/).

Strategy M: Improve Usability of Collected Data

OA has released a new report, titled “Behavioral and Clinical Characteristics of People Living with Diagnosed HIV in California, 2015-2017,” presenting Medical Monitoring Project data from the California Project Area (Los Angeles and San Francisco conduct separate Medical Monitoring Projects). With the invaluable assistance of health care providers and medical records staff

throughout the state, the OA Behavioral and Clinical Surveillance staff conducted interviews and medical record abstractions among over 600 people living with diagnosed HIV in California. The multi-site Medical Monitoring Project is funded by the Centers for Disease Control and Prevention. The [report](#) and the [appendix](#) can be found at https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/MMP_Report_2015-17_ADA.pdf and https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/MMP_Report_2015-17_Appendix_ADA.pdf, respectively.

Strategy N: Enhance Collaborations and Community Involvement

California Planning Group (CPG):

OA has appointed Matthew Willis as the CPG State Co-Chair, replacing Keshia Lynch who has accepted employment with Lifelong Medical Care in the Bay Area, where she will be the HIV Program Manager. (Congratulations, Keshia!). Matt will serve with Tiffany Woods, the other State Co-Chair. Matt has been with OA for more than 14 years and has experience throughout the spectrum of HIV, from HIV test and prevention through Care Services including working with the Bridge Project, Minority AIDS Initiative, and the Ryan White funded Health Care Programs. To his vast experience he adds an appreciation of the needs of different communities throughout California. This combination provides OA and now also the CPG, with practical and effectual HIV program development and implementation.

The CPG Youth Committee is requesting your assistance. The Youth Committee was formed in 2019 to provide advice, guidance, and recommendations to the OA regarding programs, policies, and initiatives needed to promote effective treatment, prevention and care of HIV/STD/HCV services for youth up to age 29. One of the identified areas of interest is the possible development of population standards

for adolescents and young adults related to HIV and/or STD treatment and prevention. To this end we would appreciate any assistance in identifying standards you may be aware of in your area or others. Thank you in advance for your support. Should you have any questions or information to share please [contact Miguel Martinez](#) at mimartinez@chla.usc.edu.

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living With HIV in California

OA has submitted an application for funding to the Centers for Disease Control and Prevention (CDC) in response to their Notice of Funding Opportunity CDC-RFA-PS20-2011, Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community. If funded, the grant will provide people living with HIV being released home with case management and necessary services to ensure expeditious linkage to HIV care in order to sustain viral suppression achieved while in state prison. Overall viral suppression rate among PLWH in California prison is 95 percent, exceeding the state rate of 61 percent and the National HIV AIDS Strategy (NHAS) goal of 80 percent. Viral suppression rates are similar for all racial/ethnic and gender groups while being treated in the correctional system. However, after release, viral suppression rates drop to levels less than the pre-incarceration rates. Clients participating in the program will be provided assistance during their pre-release phase and for 18 months after return to the community. The funding amount floor was \$650,000 and the ceiling was \$850,000. The funding duration is for four years, and the CDC expects to fund 3 recipients.

For [questions regarding this issue of *The OA Voice*](#), please send an email to angelique.skinner@cdph.ca.gov.